Aged & Disabled Waiver Provider Conference Call Questions
April 15, 2014

1. What is the policy on soliciting? Ex: Door to door soliciting and family/friend referrals where they give the provider an address to follow up with their family member.

Answer: There is no Medicaid policy on soliciting. Agencies can market their services in any legal manner they choose. Any harassment or intimidation of members is unacceptable and should be reported to the Bureau of Senior Services.

2. Is it ok if a member puts an "X" instead of initialing on the Plan of Care/worksheet?

Answer: Yes, they can make their own mark, but only if the member is incapable of signing their initials. If that is the case, it must be clinically documented as to why. This does not apply to every member and should only be for cases where their disability prevents them from initialing/signing

3. Is it true that if a member who is on the Managed Enrollment list is on an organ donor waiting list, that they will be moved to the top of the list? Is it also true that their spouse can work for them?

Answer: The answer is no to both questions.

4. Can a Medical Power of Attorney sign the POC/worksheet?

Answer: Only if the Medical Power of Attorney is in effect. A Medical Power of Attorney goes into effect when a person has been deemed incapacitated.

5. Does it matter who signs the paperwork if the member has Alzheimer's? Sometimes the member does but mostly it is the Medical Power of Attorney.

Answer: The member should sign if they are able. If there is a day they are unable due to disorientation, etc., then the Medical Power of Attorney can sign and it should be documented as to why.

6. What is policy if the Medical Power of Attorney is the homemaker and the Medical Power of Attorney also signs for the member?

Answer: Currently this is allowed in Traditional services but we highly recommend this is only used when there are no other options. This would require increased oversight to ensure services are being provided.

7. Why is it that per program policy, I can hire a twice convicted felon for drug related offenses occurring greater than 10 years ago but I must remove a direct care worker from providing

services for a 13 year old DHHR Protective Services Record Check that amounted to nothing? Should the DHHR Record Check be amended to include allowed continued employment if the offense occurred greater than 10 years ago?

Answer: There is a process to have these removed from an individual's record if that is justified. Information regarding this process was emailed to providers on March 20, 2014.

8. Is the plan period on the Plan of Care to span a year or is it to span a 6 month period of time?

Answer: The plan period on the Plan of Care is to span a 6 month period of time. Ex. July, 2014 to December, 2014.

9. Regarding PAS extension requests made by Case Management agencies due to a PAS expiring before the re-evaluation can be conducted. Is the Bureau for Medical Services looking at WVMI and the need to reschedule appointments because their RN is unable to keep the appointment and the need to reschedule due to the member cancelling the appointment?

Answer: Yes. The reasons for all PAS's that are not conducted within 365 days are tracked and reported to the Bureau for Medical Services.

10. WVMI RN's get paid mileage to travel to Members homes, is this reimbursed by the State?

Answer: No.

11. Why do CM and HM/RN Agency's not get reimbursed for their mileage?

Answer: Transportation provides reimbursement for PA/HM direct care staff that performs essential errands for or with a member or community activities with a member. Transportation costs were considered when setting other reimbursement rates.

12. When are additional slots going to be released? What are the projected numbers to be served for your new fiscal year?

Answer: We are waiting on information regarding SFY15 budget and additional funding that could fund additional slots. The current ADW application with CMS has 5864 approved slots for SFY15. That would have to be amended with any additional funding/slots.

13. On the Plan of Care, do you need to put the day of the month? Or just the month and year?

Answer: The month and year.

14. Do you need to complete a RN Assessment (RN portion of the Member Assessment) after every hospital stay?

Answer: No, only if the members condition/needs change.

15. Regarding the 365 ADW slots released in August, 2013, how many have received their member enrollment as of today?

Answer: Most of them have been filled. This number changes day to day. This can be a lengthy process – we are currently contacting case management agencies about the importance of working diligently with individuals who select them as their case management agency to assist them in every way possible in getting their financial eligibility completed and getting them enrolled via the Bureau of Senior Services. If you have an individual who is not going to enroll due to not being financially eligible, no longer interested, etc. – you should immediately contact the Bureau of Senior Services (Barbara Paxton) at (304)558-3317 or Barbara.A.Paxton@wv.gov.

16. If we have a member who has MS and falls every day, do we have to do an incident report for each fall? (These falls do not involve injuries, the social worker is working on DME to assist with this matter. He likes to sweep his kitchen with a broom and falls out of his power chair – but does not want to stop trying to sweep).

Answer: If there is a fall with no injuries, you need to report each of these in the IMS system as a simple incident. A fall risk plan should also be developed and implemented for this member.

Next Conference Call: May 20, 2014, 10am

Updates:

1. An individual submitted a question regarding Chore services at Senior Centers. This question did not pertain to ADW services or Personal Care services. Senior Centers are allocated money that they can choose to use for chore services – but they are not required to. They can also use those funds for Lighthouse, FAIR, respite, meals, transportation, etc. Providers are prioritizing their funds for the services they feel are the most needed services.
2. Directors are no longer required to send a letter to Susan Given, Program Manager, Bureau for Medical Services for PAS extensions. An email was sent to providers regarding this on 4/1/14. As stated in the email, we ask that every effort be made to relay to members the importance of keeping the appointments that are made for them. We also ask that Case Managers refrain from asking members to cancel their appointments if they want to attend and have scheduling conflicts. There is no requirement for the Case Manager to be at the assessment. The best assistance in the re-evaluation process from a Case Manager is to ensure the MNER is completed appropriately.
3. We are currently beginning desk reviews for transportation services.